

2-25-05
IF/AS

Express Mail No. EV 456 932 511 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Dasseux *et al.*

Confirmation No.: 1151

Serial No.: 10/657,810

Art Unit: 1743

Filed: September 8, 2003

Examiner: Gakh, Yelena G.

For: FOURIER TRANSFORM
MASS SPECTROMETRY OF
COMPLEX BIOLOGICAL
SAMPLES

Attorney Docket No: 10173-104-999

TRANSMITTAL

ATTN: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

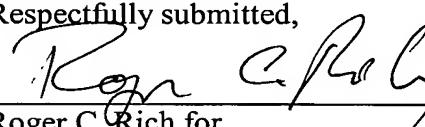
Transmitted herewith are the following documents for filing in connection with the above-identified application:

- 1) 3-month Petition for Extension of Time under 37 C.F.R. § 1.136(a) (in duplicate);
- 2) Fee Transmittal Sheet (in duplicate);
- 3) Amendment and Response under 37 C.F.R. § 1.111; and
- 4) Copy of Request for Correction of Official Filing Receipt as filed under separate cover.

The Commissioner is authorized to charge all required fees to Jones Day Deposit Account No. 50-3013 (371855-999099). A copy of this sheet is enclosed for such purpose.

Respectfully submitted,

Date: February 22, 2005


Roger C. Rich for 54,398
(Reg. No.)
Anthony Insogna (Reg. No. 35,203)
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939



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Serial No.: 10/657,810 Art Unit: 1743
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For: FOURIER TRANSFORM MASS Attorney Docket No: 10173-104-999
SPECTROMETRY OF
COMPLEX BIOLOGICAL
SAMPLES

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | <input type="checkbox"/> SMALL ENTITY | | <input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY | | |
|--|-----------------------------------|------------------|---------------------------------------|---------------|---|-------|------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL 36 | MINUS 160 | 0 | x 25 | \$ | | x 50 | \$ 0.00 |
| INDEP. 3 | MINUS 3 | 0 | x 100 | \$ | | x 200 | \$ 0.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | \$ | | \$ | 0.00 |
| | | | TOTAL | \$ | OR | TOTAL | \$ 0.00 |

Please charge the required fee to Jones Day Deposit Account No. 50-3013 (371855-999099). A copy of this sheet is enclosed.

Respectfully submitted,

Date: February 22, 2005

54,398

(Reg. No.)

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Enclosure